



ALL BOROUGH PROPERTIES
PROPERTY MANAGEMENT

TEL: 718-374-5072

www.allboroprop.com

FAX: 718-374-5073

RESIDENT SELF PERFORMED MAINTENANCE REQUEST

RESIDENT NAME: _____

ADDRESS: _____ UNIT: _____

CITY: _____ DATE: _____ TIME: _____

CONTACT TEL: _____ (please provide the best number to reach you and an alternate number)

ALTERNATE TEL: _____

I request permission to paint the following rooms in my leased premises myself. I understand that, if approved, all items must be performed in a professional manner and meet the standards acceptable to Agent.

Paint samples must be submitted for consideration.

Please describe in detail the items to be considered.

LOCATION	COLOR(S)	DESCRIPTION

 Tenant name

 Tenant signature

 Date

Upon execution of this request, please return to our office.

Mail: PO Box #244
 Brooklyn, N.Y. 11218

Fax: (718) 374-5073

Email: info@allboroprop.com

AGENT ACTION

APPROVED _____ DENIED _____ DATE: _____